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## BIB DATA SHEET

CONFIRMATION NO. 8286

<b>SERIAL NUMBER</b> 08/439,095	<b>FILING or 371(c) DATE</b> 05/11/1995 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 14014.0279US
<b>APPLICANTS</b> TOSHIMITSU MATSUI, ROCKVILLE, MD; STUART A. AARONSON, NEW YORK, NY; JACALYN H. PIERCE, POTOMAC, MD;				
<b>** CONTINUING DATA *****</b> This application is a CON of 07/915,884 07/20/1992 ABN which is a CON of 07/308,282 02/09/1989 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 16	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> NATIONAL INSTITUTE OF HEALTH C/O NEEDLE & ROSENBERG, P.C. SUITE 1000 999 PEACHTREE STREET ATLANTA, GA 30309 UNITED STATES				
<b>TITLE</b> TYPE ALPHA PLATELET-DERIVED GROWTH FACTOR RECEPTOR GENE				
<b>FILING FEE RECEIVED</b> 1760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	